

COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218

Phone: (804) 786-4700 • Fax: (804) 786-6344 <u>www.dcjs.virginia.gov/pss</u>

Status Hotline (804) 786-1132 1-877-9STATUS

Private Security Services – RENEWAL INSTRUCTOR APPLICATION 2-YEAR CERTIFICATION – FEE \$50.00

IMPORTANT INFORMATION

- ➤ In-service-level training must be completed within the 12 months prior to your application for certification.
- If the current certification is expired, you may reinstate your certification providing all renewal requirements are met; and an additional, non-refundable reinstatement fee of \$25.00 is submitted to the department within 60 days following the expiration date of your certification. After 60 days, this application cannot be processed and all initial certification requirements will need to be met.
- If requesting additional categories of instruction, **Third Party Documentation** verifying the types and dates of successful qualification, with a minimum range qualification of **85%**, with each of the selected firearms in the application: Training Completion forms (available online at www.dcjs.virginia.gov/forms/privatesecurity/pss_tcf.doc) or signed range sheets with qualification scores are acceptable.

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Criminal History									
Have you been convicted or any other jurisdiction to Yes * No *If YES, please attack www.dcjs.virginia.gov	include milita n a <u>Private Se</u>	ary court martial or ecurity Criminal Hist	currently ui tory Supple	nder prote ment form	ective orders v available on	within the past t line at	wo yea		
Instruction Category(s)	Requested ((check each that ap	oply)						
 ☐ Private Investigator ☐ Personal Protection Specialist ☐ Armored Car Personnel ☐ Alarm Respondent ☐ Security Officer Core Subjects ☐ Armed Security Officer Arrest Authority ☐ Special Conservator of the Peace 				Central Station Dispatcher Electronic Security Technician Electronic Security Sales Representative Locksmith Security Canine Handler Bail Bondsman Bail Enforcement Agent					
Firearms Instruction Category(s) Requested (check each that apply)									
☐ Handgun ☐ Shotgun					☐ Adv. Handgun				
Applicant Information									
SN or DCJS ID Number: Last Name:				First Name: MI:				MI:	
Mailing Address (Street/Apt.#):				City, State, Zip:					
Email Address:									
Home Phone: () Business Phone: ()					Fax: ()				
Employment Information									
School Name:					DCJS	ID Number: 88-			

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Affirmation	
I, the undersigned, certify that all information contained on this application is true and corr and I have not omitted any pertinent information. I understand that any misrepresentation, pertinent information may be cause for denial and may result in criminal charges. I unders maintaining full compliance with <i>Virginia Code</i> Sections 9.1-138 through 9.1-150 and the I Security Services 6 VAC 20-171.	falsification or omission of tand that I am responsible for
Signature Required:	Date:

All fees are non-refundable. Applications received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA, or pay by credit card using the Credit Card form available at www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf — this form must be included with your application package when paying by credit card.

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